

09/04/74

FORM NO. 100-100-100 (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

..... Rejected  
 ..... Allowed  
 (Through numeral)... Canceled  
 ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	1/15/74
2	1/15/74
3	1/15/74
4	1/15/74
5	1/15/74
6	1/15/74
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47	1/15/74
48	1/15/74
49	1/15/74
50	1/15/74

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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